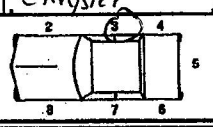
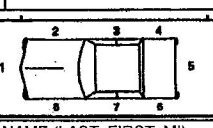
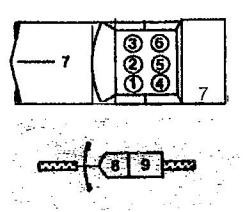


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-12095		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE				LOCAL FILE NO.
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input type="checkbox"/> OVER \$150 <input checked="" type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED			
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH: DAY 7 17 2014 Thursday		TIME: MILITARY 1828		
CRASH OCCURRED ON Kramer 1425 Columbus Ave, Lebanon, Ohio 45036				WITHIN THE INTERSECTION OF								
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE 8321		
LOG-1		LOG-2		LOC JUR FH9 FILT								
A	UNIT NO. 1	NO OF OCCUPANTS		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Electric Insurance						
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)								
PHONE NO.		BIRTH DATE		AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.		OCCUPATION	
m y												
OWNER (IF SAME AS DRIVER, WRITE SAME) Leslie M. Helleman				ADDRESS 209 Wright Ave. Lebanon, Ohio 45036				PHONE 513-305-7197				
VEH YR 2004	MAKE Chrysler	MODEL Sebring	COLOR Red	STYLE SLI	STATE Oh	LICENSE PLATE NO. CPT2783		TOWING SERVICE		VEH/PED DIR FROM TO		
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		
8	UNIT NO. 2	NO OF OCCUPANTS		OPERATING <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input checked="" type="checkbox"/>		INSURANCE CO. OR AGENT						
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Unknown				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)								
PHONE NO.		BIRTH DATE		AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.		OCCUPATION	
m D y												
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE				
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR FROM TO		
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	POSITION		INJURIES			
		ADDRESS		PHONE		SEX	A B C D E F		A B C D E F			
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE			1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED			
		ADDRESS		PHONE		SEX						
		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE						
		ADDRESS		PHONE		SEX						
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	P-PEDESTRIAN		CONDITION			
		ADDRESS		PHONE		SEX	RESTRAINTS		A B C D E F			
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	ALCOHOL		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN			
		ADDRESS		PHONE		SEX	A B C D E F		A B C D E F			
A B C		INJURED TAKEN TO		By		A B C D E F		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED				
D E F		INJURED TAKEN TO		By		A B C D E F		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN				
A B C		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		EJECTION		DRUGS				
D E F		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		A B C D E F				
A B C		RECEIVED CALL 1828		DISPATCHED 1834		ARRIVED 1841		CLEARED 1847		OTHER TIME		
D E F		DATE REPORT FILED 7 17 14		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME Stewart		BADGE NO. 120		CHECKED BY		
A B C		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILICIT DRUG								